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SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
09/939,166	08/24/2001	601	3764	VAC.715		
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<b>** CONTINUING DATA *****</b> <i>No. 10</i>						
<b>** FOREIGN APPLICATIONS *****</b> <i>None</i>						
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/28/2001</b>						
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials	STATE OR COUNTRY TX	SHEETS DRAWING 4	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 5
<b>ADDRESS</b> 30159						
<b>TITLE</b> NEGATIVE PRESSURE ASSISTED TISSUE TREATMENT SYSTEM						
<b>FILING FEE RECEIVED</b> 1158	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		